

Bricklayers & Trowel Trades International Retirement Savings Plan

CHANGE OF BENEFICIARY

I Understand that I may further change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Name of Employee (Please Print) _____ Local Union No. & State _____

Signature of Employee _____ Social Security No. of Employee _____

Name of Witness _____ Signature of Witness _____

Address of Witness _____ Date _____

I hereby designate the following person/s as my Beneficiary to receive benefits, if any, payable at my death under the Rules and Regulations of the Bricklayers & Trowel Trades International Retirement Savings Plan.

Name of Beneficiary _____ Relationship to Employee _____
(Last) (First) (Middle)

Address of Beneficiary _____ Beneficiary SS# / / _____
(Number) (Street)

(City) (Street) (Zip Code)

**For your security please mail in a
sealed envelope to:**

Bricklayers & Trowel Trades

International Retirement Savings Plan

620 F Street, N.W., Suite 700

Washington, D.C. 20004